

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name City of San Jose Division, Department, or Region (if applicable) Council, District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number E-mail 408-535-4909 district9@sanjoseca.gov		RECEIVED San Jose City Clerk Date Stamp: 2017 MAR -9 PM 3: 06 SR OTC <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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California Form 802
For Official Use Only

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$86.00 / \$222.00

Event Description: Sharks Game Date(s) 03 / 02 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Rocha, Donald
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
<u>Rocha, Donald</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Kiwanis Club of Cambrian Park</u> <u>1919 Gunston way San Jose, CA 95124</u>	<u>22</u>	

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	<u>Donald Rocha</u> Print Name	<u>Councilmember</u> Title	<u>3/9/17</u> (month, day, year)
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Comment: _____